Al	ACT	1. CONTRACT ID CODE					
2. AMENDMENT/MODIFICATION NO. MOO1		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO. AQ 6025750304		. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY	CODE	LMAQM	#15 SECTION SECTION	7. ADMINISTERED BY (If other than Item 6)			CODE
	ACQUISITION MANAGEMENT	NAME		1		1	
(A/LM/AQM	I) 15, ROSSLYN STATION	Theresa Hunt					
	TMENT OF STATE	TEL. 703-875-6019					
ARLINGTO	N, VA 22219	EMAIL					
		HuntT@state.gov					
	DDRESS OF CONTRACTOR (No., street, country, state	and ZIP Code)			(X)	9A. AMENDME	NT OF SOLICITATION NO.
SYSTEMS	NIC PHYSIO-CONTROL CORP						
	LLOWS RD NE					9B. DATED (SE	EE ITEM 11)
	ID, WA 98073-9706						
					-	10A. MODIFICA	ATION OF CONTRACT/ORDER NO.
						SAQMPD	004A1063
	*				X	10B. DATED (S	SEE ITEM 13)
CONTACT		DUNS 009251992				06/14/200	04
CODE 0092		CILITY CODE 99100					
	11. THIS ITEM	ONLY APPLIES TO A	MENDMENTS	OF SOLICI	TATIC	NS	
The above r	numbered solicitation is amended as set forth in item 14	. The hour and date specified	for receipt of Offers			ise	extended, is not extended,
returning	knowledge receipt of this amendment prior to the hour acopies of the amendment; (b) By acknows solicitation and amendment numbers. FAILURE OF Y	ledging receipt of this amend	ment on each copy	of the offer subr	nitted; or	(c) By separate	letter or telegram which includes a
THE HOUR AN	ID DATE SPECIFIED MAY RESULT IN REJECTION Of er, provided each telegram or letter makes reference to	YOUR OFFER. If by virtue of	f this amendment y	ou desire to cha	nge an d	offer already subn	nitted, such change may be made by
	G AND APPROPRIATION DATA (If required)						
See Line I	Items		200				20.00
							\$0.00
		Y APPLIES TO MOD					
CHECK ONE	IT MODIFIES THE TAIL THIS CHANGE ORDER IS ISSUED PURSUANT	TO: (Specify authority) THE C				NI STATE	VTRACT ORDER NO. IN ITEM 10A.
- CHECK ONE	-	ro. (opour) domonsy, rriz o					
	B. THE ABOVE NUMBERED CONTRACT/ORDER I FORTH IN ITEM 14, PURSUANT TO THE AUTHOR		HE ADMINISTRAT	IVE CHANGES	(such as	changes in payir	ng office, appropriation date, etc.) SE1
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTER	ED INTO PURSUANT TO AU	THORITY OF:				
1176							
	D. OTHER (Specify type of modification and authority	v)					
X	FAR 52.217-9 Option to Extend the		ct				
	5						
	1.						
E. IMPORTANT:	Contractor X is not, is required to	sign this document and return	copies to the issuir	ng office.			
14. DESCRIPTION	N OF AMENDMENT/MODIFICATION (Organized by UC	F section headings, including	solicitation/contract	subject matter	where fe	asible.)	
	use of this no-cost modification is augh September 30, 2008.	to exercise Option	Year Three	, with a p	eriod	of perform	nance from October 1,
Except as provide	ed herein, all terms and conditions of the document refe	renced in Item 9A or 10A, as I					
15A. NAME AND	TITLE OF SIGNER (Type or print)		16A. NAME AN	D TITLE OF CO		ting officer ( oh Sutherla	
150.00	200555500	450 0450	1	TATES OF 11	Air.	, ,	- I 400 DATE CICLIED
15B. CONTRACTO	UNUFFERUR	15C. DATE SIGNED	16B. UNITED S	TATES OF AM	RICA	11	16C. DATE SIGNED
	(Signature of person authorized to sign)		Ву	(Signature	of Contra	acting Officer)	08/20/2007
NSN 7540 01 153	2 9070					3074 30	ARD FORM 30 (REV. 10-83)

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

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Line Ite Summa	0.00.000000000	Order Number:	Title: Medtro	onic ID/IQ (B	PA)	Total Funding Change:	Date of Award: 08/20/2007
Line Item No.		Description		Quantity	Unit	Unit Price	Total Cost
	BPA with Medtronic un  BPA SETUP DOCI  Agreement Ceiling			1			
	All DoS activities are an BPA. Each ordering act fiscal strip for purchase BPA. Credit card use is	tivity is required to e of supplies or ser	use their own				

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Section E - Inspection and Acceptance